

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 06-MAY-2016	TIME 09:32:00	2. ADDRESS OF OCCURRENCE 11845 1/2 S SANGAMON ST CHICAGO, IL 60643	3. LOCATION CODE 200	4. BEAT/OCCUR 0524																		
	5. POSITION 9165	6. LAST NAME ROSS	7. FIRST NAME CHRISTOPH M	8. STAR NO 20518	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 510	12. HT. 180	13. WT.														
SUBJECT INFORMATION	14. DATE OF APPT 18-DEC-2000	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 620 5751E	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																	
	20. LAST NAME BEASLEY	21. FIRST NAME TERRICK	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 15-OCT-1994	26. HT. 511	27. WT. 160															
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS 11813 S MORGAN ST CHICAGO, IL 60643	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																		
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST	34. BY WHOM?	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED	<input type="checkbox"/> DNA	37. CB NO. 19306429	IR NO.	<input type="checkbox"/> DNA															
WEAPON DISCHARGE INCIDENT	38. <input type="checkbox"/> DNA	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE													
	SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	OTHER _____	FLED <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	OTHER _____	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	WEAPON <input checked="" type="checkbox"/>	OTHER _____								
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	ESCORT HOLDS <input type="checkbox"/>	WRISTLOCK <input type="checkbox"/>	ARMBAR <input type="checkbox"/>	PRESSURE SENSITIVE AREAS <input type="checkbox"/>	CONTROL INSTRUMENT <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	CANINE <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____	OPEN HAND STRIKE <input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>	OTHER _____
	49. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]	50. ADDITIONAL INFORMATION BARSA .380																					
CASE INFO.	51. POSITION	STAR NO.	UNIT	41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR																
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED Department Issued	45. MAKE/MANUFACTURER GLOCK, INC.-AU-	46. MODEL 17	47. BARREL LENGTH 4	48. CALIBER/GAUGE 9 MM																
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED 3	62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO																	
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																						
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																						
SIGNATURES	73. REPORTING MEMBER (Print Name) ROSS, CHRISTOPH M 06-MAY-2016 14:51:50	STAR/EMPLOYEE NO 20518	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) BARNES, MAURICE	STAR NO. 2004	SIGNATURE [REDACTED]	DATE REVIEWED 06-MAY-2016 15:04:43	TIME 15:04:43															

1612704194

71 RD. NO.

H225334

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Unable to interview, subject currently in surgery at Christ Hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

U#16-6

As of this report no further action by the undersigned is required. Investigation into this incident is ongoing by the Area South Bureau of Detectives and appropriate criminal charges have not yet been determined. Based on the facts available at this time, it is the preliminary finding that Officer Ross acted in compliance with department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. 1080417 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name) PENA, MARIA C	SIGNATURE 	DATE COMPLETED 06-MAY-2016 15:17:05
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79. TOTAL TRR's THIS EVENT NO

1